CHAIN-OF-CUSTY WO#: 1256622

PH: HRZ Due Due Date: 11/18/15

_rately.

remark el

								() () () () () () () () () ()	/-)		1 : 1 1 : 4 : 1				^>	[[]] [[]]		ITEM #		Phone:	Email:	Mountain	Address:	Company:	Required
							** party *** ** ** ** ** ** ** ** ** ** ** ** *								WS-003 Thickener Overflow	WS-002 Scrubber Make-Up	WS-003 Thickener Overflow	SAMPLE ID One Character per box. (A-Z, 0-9/, -) Sample ids must be unique		Phone: (218)749-7485 Fax		Mountain Iron, MN 55768		V: USS Corporation	윭
																	MATRIX Dinking Water DW Water WT Waste Water WP Product SL Oil Wife WP Air Cother TS	Project #:	Project Name:	Purchase Order #:			Report To:	Required Project Information:	
				Punkaras											WΤ	WΤ	ΨT	MATRIX CODE (see valid codes to left) SAMPLE TYPE (G=GRAB C=COMP)	411		#			Tom Moe	oject Info
															11-4-15/10:45/1-11/10:45	84,018-4-11.54;01.4-11	11-4-15/10:45/1-4-15/10:45	STARI STARI		NPDES-LINE 3 WK1					rmation:
PRINI				Ţ											6.4	٥. ۲	10: K	COLLECTED AT TIME DATI		3 WK1					
PRINT Name of SAMPLER: SIGNATURE of SAMPLER:															21-4-15	11-4-16	2-4-11								
of SAMPI				5レムーバ											70:45	84,01	70,72	TIME							l
ER:			_	_									_			1	<u> </u>	SAMPLE TEMP AT COLLECTION # OF CONTAINERS]	9 .Q	Ŗ	Α	Ω	æ	5 Y
				13:53											-		 	Unpreserved		ace Pro	Pace Quote:	Address:	Company \	Attention:	Invoice In
12 6		1	Į į⁄	\approx														H2SO4	# # # # # # # # # #	Pace Project Manager: Pace Profile #:	ote:		اخر		
Paul me			J	ኢ		\vdash					<u> </u>	<u> </u>			ļ		-	HO3 Preserve		anage				1	CLIEN
ž. E]	λ														NaOH at		-					z :
STATE OF THE STATE				1)					ļ								Na2S2O3		heath			:		
11 8				, v	(0)	-			ļ <u>.</u>	<u> </u>	_						\vdash	Methanol Other	Ш	er.zika					SSU
				X			l	!		<u> </u>	l		1	•		<u> </u>		Zhichysternikaaroon lyide	J.	heather.zika@pacelabs.com,				!	CORP .
D				4											×	×		LAB FILTERED: SO4		elabs.				1	~
DATE Signed:					(6)	┝				_					×	×	×	Lab FILTERED: Ca,Mg,Hardi Cl,F		com,					ļ
igned						\vdash											 -							ż	!
																<u> </u>									
4				h(1)	1.	┡				\vdash			_		ļ <u>. </u>		├				:				
11-2-15			Ī	ł						 				<u> </u>	ļ	 	 					W			
\				21															A de la constantina della cons						,
				1383		 	_					_	ļ			-	-						,	Г	
	_	\vdash		2		 											\vdash							ļ	Page :
TEMP in C			1 10	3				Residual Chlorine (Y/N)					Residual Chiorine (Y/N)							 					
Received on Ice				٧-											LABF	LAB F								١	_
(Y/N) Custody		\square													AB FILTERED,LAB FILTERED	LAB FILTERED,LAB FILTERED				- 4					
Sealed Cooler				7											D,LAB	BAJ,CB			6 de 6 de						Q
(Y/N) Samples		$\vdash \vdash$													FLE	된표									
Intact (Y/N)				6											ğ	Q						1		1	_

Pace Analytical*

Document Name: Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09

Document Revised: 23Feb2015 Page 1 of 1

Issuing Authority:
Pace Virginia, Minnesota Quality Office

	nt Name:	c/			Project #	# :					^^		
Upon Receipt		1155					MO	世:	125	66	22		
Courier: Fe	ed Ex	—— V——✓ ∏UPS	USPS	- Ma	lient		W1 C			• 11 1 0 1			
<u>—</u>		Pace	Other:	,			1111						
Tracking Number:						Ц	1256	622	 E (()				
Custody Seal on Cooler/Bo	x Present?	□Yes □	No	Seals Ir	ntact?	Yes	ZNo	Optio	onal: Pr	oj. Due D	ate:	Proj. Nai	me:
Packing Material: Bul	bble Wrap	Bubble Bag	gs 🎵 No	ne [Other:_				Tei	mp Blank	? 💆	Yes [No
Thermometer Used:	140792808		Type of I	ce: 🛮	Wet [Blue	□Non	іе [Samples	s on ice, o	ooling p	rocess ha	as begun
Cooler Temp Read °C:	3.0 0	ooler Temp Co	arrected of	, '~	3. 🔏		Ri	,	Tissue Fr			□No	
Temp should be above freez	ing to 6°C C	orrection Fact	or: <u>() · 3</u>	" <u> </u>		d Initials	of Perso	n Exami	ning Cont	ents:	1-4-1	15 CA	1
										ments:	, -,		
Chain of Custody Present?			ZÎYes	□No	□N/A	1.							
Chain of Custody Filled Out	?		✓Yes	□No	□N/A	2.							
Chain of Custody Relinquis	ned?		ØYes	□No	□n/a	3.							
Sampler Name and Signatu	re on COC?		Yes	□No	□N/A	4.							
Samples Arrived within Hol	d Time?		Z Yes	□No	□N/A	5.							-
Short Hold Time Analysis (✓	⊠No	□N/A	6.							•
Rush Turn Around Time Re	quested?		□Yes	✓No	□N/A	7.							
Sufficient Volume?				□No	□N/A	8.							
Correct Containers Used?			√Yes	 □No	□N/A	9.							
-Pace Containers Used?			7 ☑Yes	□No	□n/a								
Containers Intact?			✓Yes	□No	□N/A	10.					_		
Filtered Volume Received f	or Dissolved Te	ests?	✓Yes	□No	□N/A		ote if sedi	iment is v	visible in tl	he dissolv	ed conta	iners.	
Sample Labels Match COC?	,		/ ☑Yes	□No	□n/a	12.							
-Includes Date/Time/ID/		rive lad	1										
				See r	nH log 1	for res	ults and	d addit	ional r	reserv	ation		
All containers needing acid checked and documented i			∐Yes	⊠ио	□N/A		ımenta		arts arre	u uuur	ionar p	J1 C3C, V	ation
Headspace in Methyl Merc		OK.	□Yes	□No	[ДÎN/A	13.	inicirea	LIOII			·		
Headspace in VOA Vials (>			 □Yes	 No		14.					_		
Trip Blank Present?			□Yes	□No	□ZÍN/A	15.							
Trip Blank Custody Seals Pr	esent?		 ∐Yes	□No	ØN/A								
Pace Trip Blank Lot # (if pur	chased):				7								
CLIENT NOTIFICATION/RES	OLUTION							Fie	ld Data Re	equired?	□Yes	 	
Person Contac	:ted:				ı	Date/Tin	ne:					_	
Comments/Resolu					-								
													· · · · · · · · · · · · · · · · · · ·

FECAL WAIVER ON FILE

TEMPERATURE WAIVER ON FILE

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)